

# APPENDICES

When answering, rely solely on your own opinion!  
If you want, you can choose more than 1 option.

1) Your Age: \_\_\_\_\_

2) How long have you been working for this company?  
\_\_\_\_\_

3) Are you satisfied with working in the usual office?  
a) Yes  
b) no

4) 3 Negative aspects of working in the usual office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) 3 Positive aspects of working in the usual office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Are you satisfied with your financial condition?  
a) Yes  
b) No  
c) Other \_\_\_\_\_

7) How much time do you devote to your hobby?  
a) everyday  
b) 3 times a week  
c) 2-4 times a month  
d) once a month  
e) it so hard for me to allocate time for this  
f) no hobbies

8) Physical activity (gym, classes at home, sections):  
a) daily  
b) 3 times a week  
c) several times a month  
d) extremely rare

9) How much time do you spend with your friends?  
a) I see them every day  
b) 1-3 times a week  
c) several times a month  
d) extremely rare, almost never  
e) other \_\_\_\_\_

**USUAL OFFICE**

10) How often do you visit relatives?  
a) Every week  
b) Once a month  
c) Every 3 months  
d) Several times a year

11) Who do you live with:  
a) I live by myself  
b) I live with my husband/wife  
c) I live with a friend  
d) other \_\_\_\_\_

12) Do conflicts ever occur at home?  
a) every day  
b) 1-3 times a week  
c) Several times a month  
d) extremely rare, almost never

13) How many hours a day do you devote to your family (wife/husband/children)?  
Specify the hours per day:  
\_\_\_\_\_

14) Sleep duration:  
a) less than 6 hours  
b) 6-8 hours  
c) 8-10 hours  
d) more than 10 hours

15) Sleep disorder:  
a) there are no violations  
b) it is difficult to fall asleep  
c) I often wake up at night  
d) I wake up early then cannot fall asleep  
e) sometimes I can't sleep all night  
f) other \_\_\_\_\_

16) How many hours a day do I spend outdoors:  
a) less than 1 hour  
b) 1-3 hours  
c) more than 3 hours  
d) not every day

17) The regularity of eating:  
a) 3 times a day  
b) 3-5 times a day  
c) less than 3 times a day  
d) uncontrolled eating  
\_\_\_\_\_

18) Bad habits:  
a) smoking (including vape, snus)  
b) alcohol  
c) no bad habits  
d) other  
\_\_\_\_\_

19) The presence of stress factors causes by:  
a) conflicts at home  
b) conflicts at work  
c) conflicts with friends/partner  
d) no conflicts

20) Concentration of attention in case of working at home:  
a) I can concentrate completely without much difficulty.  
b) to focus, I need to put a lot of effort.  
c) it's extremely hard for me to concentrate.  
d) I can't concentrate at all.

21) the quality of the work performed:  
a) I cope with my work easily  
b) sometimes I ask for help  
c) I should train my professional skills  
d) I find it difficult to solve work tasks

22) How many hours a day do you spend in front of computer screen:  
a) 1-3 hours  
b) 3-6 hours  
c) 6-9 hours  
d) more than 9 hours

23) Underline positive emotions that you experience during work:  
  
joy, satisfaction, interest,  
  
acceptance, pleasure, serenity.  
  
Underline negative emotions that you experience during work:  
  
sadness, anxiety, fear, alertness,  
  
discontent, disappointment.  
  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Figure 1 Social survey Usual Office

When answering, rely solely on your own opinion!  
If you want, you can choose more than 1 option.

1) Your Age:  
\_\_\_\_\_

2) How long have you been working for this company?  
\_\_\_\_\_

3) Are you satisfied with working at home?  
a) Yes  
b) no

4) 3 Negative aspects of working at home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) 3 Positive aspects of working at home:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Are you satisfied with your financial condition?  
a) Yes  
b) No  
c) Other \_\_\_\_\_

7) How much time do you devote to your hobby?  
a) everyday  
b) 3 times a week  
c) 2-4 times a month  
d) once a month  
e) it so hard for me to allocate time for this  
f) no hobbies

8) Physical activity (gym, classes at home, sections):  
a) daily  
b) 3 times a week  
c) several times a month  
d) extremely rare

9) How much time do you spend with your friends?  
a) I see them every day  
b) 1-3 times a week  
c) several times a month  
d) extremely rare, almost never  
e) other \_\_\_\_\_

**HOME OFFICE**

10) How often do you visit relatives?  
a) Every week  
b) Once a month  
c) Every 3 months  
d) Several times a year

11) Who do you live with:  
a) I live by myself  
b) I live with my husband/wife  
c) I live with a friend  
d) other \_\_\_\_\_

12) Do conflicts ever occur at home?  
a) Every day  
b) 1-3 times a week  
c) Several times a month  
d) Extremely rare, almost never

13) How many hours a day do you devote to your family (wife/husband/children)?  
Specify the hours per day:  
\_\_\_\_\_

14) Sleep duration:  
a) less than 6 hours  
b) 6-8 hours  
c) 8-10 hours  
d) more than 10 hours

15) Sleep disorder:  
a) there are no violations  
b) it is difficult to fall asleep  
c) I often wake up at night  
d) I wake up early then cannot fall asleep  
e) sometimes I can't sleep all night  
f) other \_\_\_\_\_

16) How many hours a day do I spend outdoors:  
a) less than 1 hour  
b) 1-3 hours  
c) more than 3 hours  
d) not every day

17) The regularity of eating:  
a) 3 times a day  
b) 3-5 times a day  
c) less than 3 times a day  
d) uncontrolled eating

18) Bad habits:  
a) smoking (including vape, snus)  
b) alcohol  
c) no bad habits  
d) other \_\_\_\_\_

19) The presence of stress factors causes by:  
a) conflicts at home  
b) conflicts at work  
c) conflicts with friends/partner  
d) no conflicts

20) Concentration of attention in case of working at home:  
a) I can concentrate completely without much difficulty.  
b) to focus, I need to put a lot of effort.  
c) it's extremely hard for me to concentrate.  
d) I can't concentrate at all.

21) the quality of the work performed:  
a) I cope with my work easily  
b) sometimes I ask for help  
c) I should train my professional skills  
d) I find it difficult to solve work tasks

22) How many hours a day do you spend in front of computer screen:  
a) 1-3 hours  
b) 3-6 hours  
c) 6-9 hours  
d) more than 9 hours

23) Have you experienced any difficulties getting used to new work conditions/computer programs that are necessary for working remotely?  
a) Yes,  
b) No,  
c) at the beginning only  
d) other \_\_\_\_\_

24) Underline positive emotions that you experience during work (or provide):  
joy, satisfaction, interest,  
acceptance, pleasure, serenity.

Underline negative emotions that you experience during work:  
sadness, anxiety, fear, alertness,  
discontent, disappointment.

other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Figure 2 Social survey Home Office

**SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1**

**Please provide the following information:**

Name \_\_\_\_\_ Date \_\_\_\_\_ S \_\_\_\_\_  
 Age \_\_\_\_\_ Gender (Circle) **M** **F** T \_\_\_\_\_

**DIRECTIONS:**

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right* now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

VERY MUCH SO  
 MODERATELY SO  
 SOMEWHAT  
 NOT AT ALL

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. I feel calm.....  | 1 | 2 | 3 | 4 |
| 2. I feel secure .....                                     | 1 | 2 | 3 | 4 |
| 3. I am tense .....  | 1 | 2 | 3 | 4 |
| 4. I feel strained .....                                   | 1 | 2 | 3 | 4 |
| 5. I feel at ease .....                                    | 1 | 2 | 3 | 4 |
| 6. I feel upset .....                                      | 1 | 2 | 3 | 4 |
| 7. I am presently worrying over possible misfortunes ..... | 1 | 2 | 3 | 4 |
| 8. I feel satisfied .....                                  | 1 | 2 | 3 | 4 |
| 9. I feel frightened .....                                 | 1 | 2 | 3 | 4 |
| 10. I feel comfortable .....                               | 1 | 2 | 3 | 4 |
| 11. I feel self-confident.....                             | 1 | 2 | 3 | 4 |
| 12. I feel nervous .....                                   | 1 | 2 | 3 | 4 |
| 13. I am jittery .....                                     | 1 | 2 | 3 | 4 |
| 14. I feel indecisive.....                                 | 1 | 2 | 3 | 4 |
| 15. I am relaxed .....                                     | 1 | 2 | 3 | 4 |
| 16. I feel content .....                                   | 1 | 2 | 3 | 4 |
| 17. I am worried .....                                     | 1 | 2 | 3 | 4 |
| 18. I feel confused.....                                   | 1 | 2 | 3 | 4 |
| 19. I feel steady.....                                     | 1 | 2 | 3 | 4 |
| 20. I feel pleasant.....                                   | 1 | 2 | 3 | 4 |

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STAI-P-AD Test Form Y  
 www.mindgarden.com

*Figure 3 STAI questionar form Y-1*

## SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name \_\_\_\_\_ Date \_\_\_\_\_

### DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

ALMOST NEVER  
SOMETIMES  
OFTEN  
ALMOST ALWAYS

- |  |   |   |   |   |
|--|---|---|---|---|
| 21. I feel pleasant.....   | 1 | 2 | 3 | 4 |
| 22. I feel nervous and restless .....  | 1 | 2 | 3 | 4 |
| 23. I feel satisfied with myself.....  | 1 | 2 | 3 | 4 |
| 24. I wish I could be as happy as others seem to be .....  | 1 | 2 | 3 | 4 |
| 25. I feel like a failure .....  | 1 | 2 | 3 | 4 |
| 26. I feel rested .....  | 1 | 2 | 3 | 4 |
| 27. I am "calm, cool, and collected".....  | 1 | 2 | 3 | 4 |
| 28. I feel that difficulties are piling up so that I cannot overcome them.....                       | 1 | 2 | 3 | 4 |
| 29. I worry too much over something that really doesn't matter.....                                  | 1 | 2 | 3 | 4 |
| 30. I am happy .....   | 1 | 2 | 3 | 4 |
| 31. I have disturbing thoughts .....   | 1 | 2 | 3 | 4 |
| 32. I lack self-confidence.....  | 1 | 2 | 3 | 4 |
| 33. I feel secure .....  | 1 | 2 | 3 | 4 |
| 34. I make decisions easily .....  | 1 | 2 | 3 | 4 |
| 35. I feel inadequate.....   | 1 | 2 | 3 | 4 |
| 36. I am content .....   | 1 | 2 | 3 | 4 |
| 37. Some unimportant thought runs through my mind and bothers me .....                               | 1 | 2 | 3 | 4 |
| 38. I take disappointments so keenly that I can't put them out of my mind.....                       | 1 | 2 | 3 | 4 |
| 39. I am a steady person.....  | 1 | 2 | 3 | 4 |
| 40. I get in a state of tension or turmoil as I think over my recent concerns<br>and interests ..... | 1 | 2 | 3 | 4 |

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STAI-AD Test Form Y  
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*Figure 4 STAI questionar form Y-2*

## State-Trait Anxiety Inventory for Adults Scoring Key (Form Y-1, Y-2)

Developed by Charles D. Spielberger in collaboration with R.L. Gorsuch, R. Lushene, P.R. Vagg, and G.A. Jacobs

To use this stencil, fold this sheet in half and line up with the appropriate test side, either Form Y-1 or Form Y-2. Simply total the scoring **weights** shown on the stencil for each response category. For example, for question # 1, if the respondent marked 3, then the **weight** would be 2. Refer to the manual for appropriate normative data.

Form Y-1	NOT AT ALL SOMEWHAT MODERATELY SO VERY MUCH SO	Form Y-2	ALMOST NEVER SOMETIMES OFTEN ALMOST ALWAYS
1.	4 3 2 1	21.	4 3 2 1
2.	4 3 2 1	22.	1 2 3 4
3.	1 2 3 4	23.	4 3 2 1
4.	1 2 3 4	24.	1 2 3 4
5.	4 3 2 1	25.	1 2 3 4
6.	1 2 3 4	26.	4 3 2 1
7.	1 2 3 4	27.	4 3 2 1
8.	4 3 2 1	28.	1 2 3 4
9.	1 2 3 4	29.	1 2 3 4
10.	4 3 2 1	30.	4 3 2 1
11.	4 3 2 1	31.	1 2 3 4
12.	1 2 3 4	32.	1 2 3 4
13.	1 2 3 4	33.	4 3 2 1
14.	1 2 3 4	34.	4 3 2 1
15.	4 3 2 1	35.	1 2 3 4
16.	4 3 2 1	36.	4 3 2 1
17.	1 2 3 4	37.	1 2 3 4
18.	1 2 3 4	38.	1 2 3 4
19.	4 3 2 1	39.	4 3 2 1
20.	4 3 2 1	40.	1 2 3 4

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*Figure 5 STAI Scoring Key*